S&H Form: PTO/SB/30 (12/04)

## REQUEST FOR CONTINUED EXAMINATION (RCE)

## **TRANSMITTAL**

## (INCLUDING FILING FEE AND/OR PETITION FOR **EXTENSION OF TIME FEE)**

Subsection (b) of 35 U.S.C. §132, effective May 29, 2000 provides for continued examination of a utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA)

To: Commissione Box RCE PO Box 1450 Alexandria, V		Attorney Docket	No.:1349.1258						
First Named	Hwa-sung SHIN								
Inventor	, , , , , , , , , , , , , , , , , , ,								
Application No.	10/658,603	Group Art Unit	3653						
Filing Date	September 10, 2003	Examiner	Thomas A. MORRISON						
CPA Filing Date		Confirmation No	1917						
Title of Invention	PAPER FEEDING APPARATUS OF IMAGE FORMING APPARATUS								
This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.									
1.  Submission required under 37 C.F.R. §1.114 (Box a or b must be completed)  a.									
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	BASIC FEE					\$ 790.00		
	ial Action set an <u>c</u> me fees are due:		due date of	Februa	ary 28, 200	7, no		
Claims As Amended	Claims Remaining After Amendment		est Number usly Paid For	Number Extra	Ra	ite		
Total Claims	11	31	- 20 =	0	X \$50.0	0 =		\$ 0.00
Independent Claims	2	4	- 3 =	0	X \$200.	00 =		\$ 0.00
Suspension Fe	ee (\$130.00)							
Total	of above Calcula	tions =					\$	790.00
Reduction by 50% f	or filing by small entity (	Note 37 C.	.F.R. 1.9, 1.27,	1.28).			ļ	
	TOTAL FEES	DUE =					\$	790.00
b	still proper and is no longer cla	desired	_	nali Entii	y Status w	as previous	sly fileu	and such status is
6. METHOD	OF PAYMENT							:
	ck in the amount ie "TOTAL FEES				No. 19-393	5. (A duplica	te copy o	f this form is enclosed.)
	L AUTHORIZA		<u> </u>			V V V V V V V V V V V V V V V V V V V		
37 C.F.R. pursuant	missioner is hereby aut . 1.17 (processing fees) to 35 U.S.C. §120 to m it Account No. 1	during the aintain pen	e prosecution of ndency hereof a	f this application	ation and of an	y related applic	der 37 C ation(s) c	F.R. 1.16 (filing fees) or claiming benefit hereof
8. CORRES	PONDENCE AL	ODRES	S					
			2	& HALSE				
9. SIGNATU	RE OF ATTOR	NEY O	R AGENT	REQU	IRED			
NAME	Gregory W. H				T	ATION NO	. 55,2	48
SIGNATURE	Magory 9	W. Ha	rper		DATE	Tel 2	28,20	007